

<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p>Complete if Known</p>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/810,570-Conf. #1226	
		Filing Date	March 29, 2004	
		First Named Inventor	Yuta KAWANA	
		Examiner Name	K. Lim	
		Art Unit	2153	
TOTAL AMOUNT OF PAYMENT		(\$) 1,920.00	Attorney Docket No.	1163-0501PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FILING FEES		SEARCH FEES		EXAMINATION FEES				
		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)		
Utility	310	155	510	255	210	105	_____		
Design	210	105	100	50	130	65	_____		
Plant	210	105	310	155	160	80	_____		
Reissue	310	155	510	255	620	310	_____		
Provisional	210	105	0	0	0	0	_____		
							Small Entity		
							Fee (\$)	Fee (\$)	
2. EXCESS CLAIM FEES							50	25	
Fee Description							210	105	
Each claim over 20 (including Reissues)							370	185	
Each independent claim over 3 (including Reissues)									
Multiple dependent claims									
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims					
29	- 20 = 9	x 50.00 =	450.00	Fee (\$)	Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)						
10	- 3 = 7	x 210.00 =	1,470.00						
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)					
_____	- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____					
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge) _____									
Fees Paid (\$)									

SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	29,680	Telephone (703) 205-8000
Name (Print/Type)	Michael K. Mutter	Date	December 27, 2007